Kasih Hospice
Foundation
慈悲安宁疗护基金会
formerly known as Kasih Foundation
200701033539 (791567-T)
… with compassion, we serve

No. 16, Jalan SS 3/29, Taman University
47300 Petaling Jaya, Selangor
T: **603–7865 6522** F: **603–7872 9420**
E: **kasihreferral@gmail.com**
W: **www.kasihfoundation.org**

KHC_____/____

For office use

REFERRAL FORM

Patient's Name:

NRIC: Age: Sex:

Address:

Person to Contact: Relationship: HP:

Person to Contact: Relationship: HP:

Main Caregiver: Languages Spoken:

Diagnosis:

History of
Present Problems:

Date of Diagnosis: Prognosis: ☐ Poor ☐ Fair ☐ Good

Has the patient been informed of the diagnosis? ☐ Yes ☐ No

Has the patient been informed of the prognosis? ☐ Yes ☐ No

Treatment Given:

Current Medications:

Referring Doctor: Speciality:

Hospital/Clinic:

Office Phone No: Fax No:

Doctor's Signature: Date:

☐ Has patient been informed of the Referral

☐ Has patient's relative been informed of the Referral

☐ Are all the information required filled up

Please fax this Referral Form to **603–7872 9420** or email to **kasihreferral@gmail.com**
For any enquiries please call **603–7865 6522** from **Monday to Friday, 9.00am to 5.00pm**